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PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 850103.40301
In re Application of Michael T. Kelly et al.		
Application Number 09/043,813		Filed September 29, 1998
For CYCLIC DECAPEPTIDE ANTIBIOTICS		
Group Art Unit 1653	Examiner Anish Gupta	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$920
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account Number 19-1090.

☒ The Commissioner is hereby authorized to charge any deficiency, or credit any overpayment, to Deposit Account Number 19-1090.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

Adjustment date: 12/19/2001 AKELLEY
11/28/2001 DALLEN 00000003-09043813
01 FC:117 -460.00 OP

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November 14, 2001

Date

David W. Parker

Signature

David W. Parker

Type and print name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

#23

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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>12/18/01</u>		2 Serial/Patent # <u>09/043,813</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
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<input checked="" type="checkbox"/>	Extension of Time			\$ <u>460.</u>							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
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7 TOTAL AMOUNT OF REFUND			\$ <u>460.</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>9</td><td>--</td><td>1</td><td>0</td><td>9</td><td>0</td></tr></table>			1	9	--	1	0	9	0
1	9	--	1	0	9	0					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>Extension of Time period is over, no fee due.</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Irvin Dingle</u>		TITLE: <u>Paralegal</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>306-5684</u>									
OFFICE: <u>Patent</u>											
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APPROVED: <u>[Signature]</u>		DATE: <u>12-19-01</u>									

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